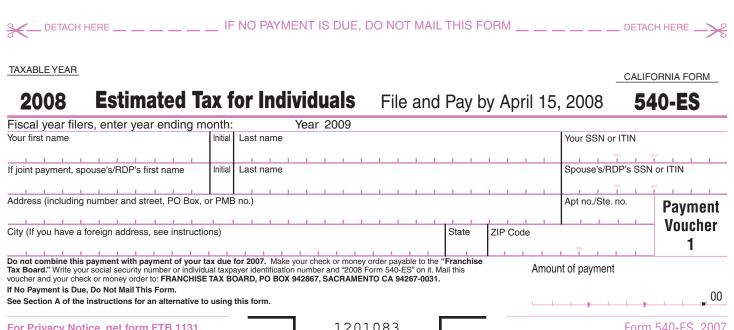
540-ES Voucher 1 at bottom of page



2008	Estimated	Tax f	or Ind	ividuals	File an	d Pay b	by June 16	, 2008	540-ES
Fiscal year file	rs, enter year ending	month:		Year 2009				Your SSN or I	TINI
Tour mist name		IIIIIIdi	Last Hairie					Your SSIN OF I	TIIN
If joint payment, sp	ouse's/RDP's first name	Initial	Last name	1 1 1 1			1 1 1 1	Spouse's/RDI	P's SSN or ITIN
Address (including	number and street, PO Bo	ox, or PME	3 no.)					Apt no./Ste. n	Paymem
City (If you have a f	foreign address, see instru	uctions)				State	ZIP Code	_	Voucher 2
Tax Board." Write you voucher and your check If No Payment is Due	payment with payment of your social security number or indick or money order to: FRANCH, Do Not Mail This Form. Instructions for an alternative	lividual taxp IISE TAX B	ayer identificati OARD, PO BO	on number and "2008"	Form 540-ES" on it	t. Mail this	Amou	nt of payment	00
For Privacy Not	ice, get form FTB 113	1.		120	1083		•		Form 540-ES 200
DETACH I	HERE	IF	F NO PAYN	MENT IS DUE,	DO NOT MA	AIL THIS F	FORM		DETACH HERE
TAXABLE YEAR								_	CALIFORNIA FORM
2008	Estimated	Tax f	or Ind	ividuals	File an	d Pay b	y Sept. 15	, 2008	540-ES
	rs, enter year ending			Year 2009					
Your first name		Initial	Last name					Your SSN or I	TIN
If joint payment, sp	ouse's/RDP's first name	Initial	Last name				1 1 1 1	Spouse's/RDI	P's SSN or ITIN
Address (including	number and street, PO Bo	ox, or PME	3 no.)				1 1 1 1	Apt no./Ste. n	°. Payment
City (If you have a	foreign address, see instru	uctions)				State	ZIP Code		Voucher 3
Tax Board." Write you voucher and your check of No Payment is Due	payment with payment of your social security number or inck or money order to: FRANCE, Do Not Mail This Form. Instructions for an alternative	lividual taxp	ayer identificati OARD, PO BO	on number and "2008	Form 540-ES" on i	t. Mail this	Amou	nt of payment	00
For Privacy Not	ice, get form FTB 113	31.		120	1083		_		Form 540-ES 200
DETACH I	HERE	IF	NO PAYN	MENT IS DUE,	DO NOT MA	AL THIS F	FORM		DETACH HERE
TAXABLE YEAR									CALIFORNIA FORM
2008	E stimated	Tax f	or Ind	ividuals	File an	ıd Pay I	by Jan. 15,	, 2009	540-ES
	rs, enter year ending			Year 2009					
Your first name		Initial	Last name					Your SSN or I	TIN
If joint payment, sp	ouse's/RDP's first name	Initial	Last name					Spouse's/RDI	P's SSN or ITIN
Address (including	number and street, PO Bo	ox, or PME	3 no.)					Apt no./Ste. n	o. Payment
City (If you have a t	foreign address, see instru	uctions)				State	ZIP Code		Voucher 4
Tax Board." Write you	payment with payment of your social security number or indick or money order to: FRANCH	lividual taxp	ayer identificati	on number and "2008"	Form 540-ES" on it	t. Mail this	Amou	nt of payment	
•	e, Do Not Mail This Form. instructions for an alternativ	/e to using	this form.						00